

CROSS WINDS FLYING CLUB INC.
PILOT INFORMATION FILE
For 2008 Insurance Update, Quote & Records

Name as it appears on your drivers license. (Please Print)

Last First MI

Occupation Age/Jan. 2007 Pilot Certificate #

Biannual Due Date Driver's License Number State Issued

Medical Due Date FAA License Type Ratings

Time in various categories _____
 Tail Wh Cnst Prop Retract Multi E Pressuri

Turbine Glider Tot. Hr include dual PA-28 Hr. PA-32 Hr. Hrs. Last 12 Mo.

Has your drivers license or pilots license ever been suspended or revoked? _____

FOR CLUB MAILING LIST & PILOT LISTS FOR MEMBERS

Street Address City State Zip

B. Phone_(_____)_____ H. Phone_(_____)_____

Preferred E-mail address _____

TO MEET CROSS WINDS, FAA AND INSURANCE REGULATIONS WE NEED A COPY OF THE DOCUMENTS LISTED IN FLIGHT RULE # 25. SEE THE BY-LAWS or PIF file.

Please print your name on the top of each form unless it is printed in the body, ie (drivers license, birth certificate, medical).

If you check your file at a meeting we only need those items that are new or out of date.

Mail to: Ed. Dorner, 1307 Westview Dr., Normal, IL 61761-3272